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COMPTROLLER

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STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES

P. O. BOX 119
HONOLULU, HAWAII 96810-0119

APR 30 1992

COMPTROLLER'S MEMORANDUM NO. 1992-14

TO: Heads of Departments
ATTN: Administrative and Fiscal Officers
FROM: Russel S. Nagata, Comptroller
SUBJECT: Revised Salary Assignment/Cancellation, SAFORM D-60

This is to inform departments that a revised Salary Assignment/Cancellation, SAFORM D-60 will be implemented on July 1, 1992. The new form will be available from Purchasing and Supply starting June 15, 1992. The remaining quantities of the old form may be used for transactions submitted thru December 31, 1992. For any transaction submitted after that date, departments and agencies will be required to use the new form.

Attached for your information is a sample copy of the revised form with the specific changes described below:

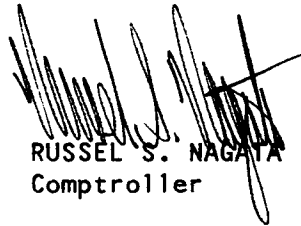
- o On the front of the form, the date of the form has been changed to July 1, 1992 (REVISED).
- o The following changes have been made to the back of the form:
 1. In item #3, reference to the use of telephone has been deleted.
 2. In item #5, added "Federal Credit Union (CU)" and "U. S. Civil Service Related Deductions (US)".
 3. In item #7, added "Federal", "DC - Deferred Compensation", and deleted the type of assignment, "MD - Medical Plan".

copy to DVS-F

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4. In item #9, deleted the reference to the Medical Plan and the word "other".

Should there be any questions regarding this memorandum, please call Ms. Dona Kang of our Systems Accounting Branch staff at 586-0610.



RUSSEL S. NAGATA
Comptroller

Attachments

(FRONT)

MERCANTILE PRINTING CO., LTD.

FILL OUT FORM WITH REQUIRED INFORMATION COMPLETELY
(USE TYPEWRITER, OR PRINT WITH BALL POINT PEN WITH HEAVY IMPRESSION)

STATE OF HAWAII				SALARY ASSIGNMENT/CANCELLATION																									
DEPARTMENT				SUB-DIVISION OR SCHOOL																									
FORM NO.	SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL	TYPE	AGENT	PLAN	I.D. NO.	DEPT.																						
THE UNDERSIGNED HEREBY: <input type="checkbox"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> CANCELS						FOR AGENCY USE																							
<input type="checkbox"/> CHECK ONE BOX ONLY, IF "ASSIGNS": <input type="checkbox"/> \$ _____ THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER <input type="checkbox"/> PERCENT EACH MONTH _____ % <input type="checkbox"/> MY NET WAGES			<input checked="" type="radio"/> EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES <div style="text-align: right; margin-right: 50px;"> MONTH / DAY / YEAR </div> <input checked="" type="radio"/> WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO <div style="text-align: right; margin-right: 50px;"> MONTH / DAY / YEAR </div> <input checked="" type="radio"/> WHEN MY COMMITMENT OF \$ _____ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">DEDUCTION</th> <th style="width: 50%;">AMOUNT</th> </tr> </thead> <tbody> <tr><td>DUES</td><td></td></tr> <tr><td>LIFE INS.</td><td></td></tr> <tr><td>INC. PROT.</td><td></td></tr> <tr><td>CR. UNION</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr> <td style="text-align: right;">TOTAL</td> <td></td> </tr> </tbody> </table>		DEDUCTION	AMOUNT	DUES		LIFE INS.		INC. PROT.		CR. UNION												TOTAL	
DEDUCTION	AMOUNT																												
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TOTAL																													
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION.			TYPE AGENT'S NAME, BRANCH, ADDRESS, AND ZIP CODE HERE <div style="height: 100px;"></div>																										
_____ DATE _____ EMPLOYEE OR AUTHORIZED SIGNATURE			_____ DATE _____ AUTHORIZED SIGNATURE OF ASSIGNEE																										

INFORMATION TO USERS OF FORM:

1. For employees on the State payroll, the Social Security Number must be identical to the S. S. No. of your latest EMPLOYEE'S EARNINGS, DEDUCTIONS, AND LEAVE STATEMENT. For new employees, the Social Security Number must be identical to the S. S. No. on your appointing State DPS Form 5 (or SF-5A or SF-5B). (The use of an incorrect S. S. No. will make null and void this assignment.)
2. For applicable deadlines by which to submit this form to Central Payroll to be effective within a particular payroll period, refer to current submission deadlines prescribed in Volume III of the State of Hawaii Accounting Manual.
3. APPLICABLE TO STATE DEPARTMENTS, AGENCIES, AND ASSIGNEES. If this assignment request is made to a new agent (bank, financial institution, or an individual) who is not on our present tabulated LISTING OF AGENTS, and the assignee is without an assigned three-digit agent code, the employing department, agency, or assignee shall request for the type and agent code by giving the AGENT'S NAME, ADDRESS, AND ZIP CODE to Central Payroll by written communication.
4. This assignment supersedes (replaces) all previous assignments made to the same agent or for the same type of assignment.
5. Annuity Premium (AP), Federal Credit Union (CU), ⁽²⁾Deferred Compensation (DC), Employee Organization (EO) and U. S. Civil Service Related Deductions (US) are the only types of assignment where assignments to more than one agent are allowed.
6. Except for Deferred Compensation (DC) cancellation of assignment, request for assignment or cancellation of assignment will be effective only upon a signed approval by the EMPLOYEE.
7. Requests for assignment or cancellation of assignment, for the following types of assignments, will be effective only upon signed approvals of the EMPLOYEE and the ASSIGNEE (AGENT):
 - AP - Annuity Plan Premium
 - AR - Additional Retirement
 - *BA - Net Salary Assignment
 - CR - Cottage Rental
 - CU - Federal Credit Union
 - DC - Deferred Compensation
 - *HA - Hawaiian Home Lands
 - PK - Parking Fee
- * Signed approval by assignee is not required for cancellation.
8. The employee, when assigning a portion of his compensation for payroll deduction, authorizes the agent to increase or decrease the amount of deduction to that of any amount determined by the agent as necessary to cover any uniform increase or decrease of dues, insurance premiums, or other payments. (If the initial month's payment cannot be processed in time for this pay period, the employee also authorizes the assignee to make the necessary change to the amount indicated to cover any payments due from the effective date.) Any mass changes in rate affecting employee on LWOP will be reflected on the employee's record.
9. Voluntary cash payment is necessary, if an employee on LWOP wishes to continue his payment with any organization or assignee.
10. When completed and ready to send to Central Payroll, please forward to:

STATE OF HAWAII
DAGS Central Payroll
P. O. Box 119
Honolulu, HI 96810